| CLAIMS ONLY | Application Number 10765434 | | Filing Date |
|---|---|---|---|
| | Applicant(s) | | |

* May be used for additional claims or amendments

| CLAIMS | AS FILED | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | | | * | | * | | * | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Indep | Depend | Indep | Depend | Indep | Depend | | Indep | Depend | Indep | Depend | Indep | Depend |
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| Total Indep | | | 3 | | | | Total Indep | | | | | | |
| Total Depend | | | 45 | | | | Total Depend | | | | | | |
| Total Claims | | | 48 | | | | Total Claims | | | | | | |